

State of Illinois  
Department of Children and Family Services

**Understanding of Future Eligibility  
for the Enhanced Subsidized Guardianship and Adoption Services Program**

I, \_\_\_\_\_, the proposed legal guardian/Adoptive Parent, understand that, \_\_\_\_\_, who is currently \_\_\_\_\_ (Name of the child) years old, for whom I will be legally responsible, is eligible for the Enhanced Subsidized Guardianship and Adoption Services Program. This means that, when \_\_\_\_\_ (Name of the child) reaches the age of program eligibility, he/she will be eligible for the enhanced services package, which includes Youth in College/Vocational Training, Employment Incentive Program, Housing Cash Assistance, Life Skills Training, and Education and Training Vouchers.

I understand that \_\_\_\_\_ (Name of the child) must meet the eligibility requirements for each specific program. *For example, a teenager must be at least 17 years of age to qualify for the Youth in College /Vocational Training Program.*

To access these services, I will contact the Transition Service Manager at the DCFS Regional Office at \_\_\_\_\_. Once I call the Regional Office, I will receive a referral packet in the mail regarding these programs that will provide me with information on how to access the services.

I also understand that my child will remain eligible in the future for comparable programs that DCFS may have in place in the event that any of the above mentioned DCFS programs are modified between now and the time that my child reaches the required age for program eligibility.

\_\_\_\_\_  
Proposed Legal Guardian/Adoptive Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCFS Adoption Coordinator/POS Adoption Team

\_\_\_\_\_  
Date